

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 07933	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Steven J Greene P.O. Box, Bldg., Room No., if any Street 24270 W Seven Mile Rd City Detroit State Michigan ZIP Code + 4 48219-1664	4. Name, file number, and address of labor organization. Name Intl Union of Operating Engineers Local 547 Labor Organization File Number 011-777 P.O. Box, Building and Room Number, if any Street 24270 W Seven Mile Rd City Detroit State Michigan ZIP Code + 4 48219-1664
5. Position in labor organization. Office Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Caremark, Inc.
Trade Name, if any:
P.O. Box, Bldg., Room No., if any Suite 400
Street 2215 Sanders Rd
City Northbrook
State Illinois ZIP Code + 4 60062-6114

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE Local 547 Health & Welfare Trust Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 24270 W Seven Mile Rd
City Detroit
State Michigan ZIP Code + 4 48219-1664

11.a. Nature of such dealing.

The Health & Welfare Trust Fund contracts with Caremark to manage prescription drug benefits for participating members.

11.b. Approximate dollar value of such dealing.

\$25,000

12.a. Nature of interest held or income received.

Hotel and meal expenses to attend the 2005 Caremark Employer Forum. Caremark hosts the forum bringing together employer and union benefit managers nationwide to discuss innovative approaches to control rising prescription drug costs. Amount is estimated

12.b. Amount.

\$1,100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.